A Case of Obstinate Hemorrhagic Diathesis Cured by Injections of Defibrinated Blood.—Rubin (*Münch. med. Woch.*, 1912, lix, 2171) reports the case of a woman, aged fifty years, with marked hemorrhages and extravasations of blood from both skin and mucous membranes. The patient's general condition was growing rapidly worse when Rubin injected 40 c.c. of defibrinated blood. The hemorrhages stopped the same day, and since then there has been no further manifestation of the trouble. She was given two subsequent injections of 40 c.c. of defibrinated blood to ensure against a relapse. This patient had previously been treated by the usual measures applied in hemorrhage such as calcium chloride, gelatin by mouth, and by subcutaneous injections, local styptics, etc., without the least influence on the bleeding. The rapidity with which the extravasations of blood disappeared was very striking. Marked metrorrhagia for a period of five months was a prominent symptom in this case, and the author suggests that this method may be valuable in the treatment of gynecological affections accompanied by hemorrhage.

Favorable Action of Salvarsan in Tabes Dorsalis.—Leredde (*Münch. med. Woch.*, 1912, lix, 2040 and 2112) believes that salvarsan exerts a most favorable action upon the course of tabes. He believes that there is no doubt that it prevents the progression of the disease and, furthermore, that it can cause the retrogression of certain lesions in the spinal roots or in the cord itself. Leredde has observed for two and one-half years a series of patients with tabes that were treated with salvarsan. A few patients were completely cured by the remedy, and in the majority of the cases the most marked symptoms have almost entirely disappeared or have become greatly improved. Leredde advises giving salvarsan in doses of 0.01 gram or neosalvarsan in doses of 0.015 gram per kilo of body weight. The treatment must be persisted in until the patient presents absolutely no symptomatic evidence of an active syphilis and until the positive Wassermann reaction entirely disappears.

The Excretion of Formaldehyde by the Kidneys of Patients Taking Hexamethylenamin.—L'Esperance and Cabot (*Boston Med. and Surg. Jour.*, 1912, cxvii, 577) have applied Burnam's test for formaldehyde to the urine of over 250 patients taking hexamethylenamin, and their results are largely confirmatory of Burnam's findings. They believe that formaldehyde, to be of value as a urinary antiseptic, must be present in a concentration of 1 to 5000 or 6000. The results of 250 urines were that 130, or 52 per cent., showed the presence of formaldehyde. The reaction of the urine was of no importance. Some alkaline urines gave marked reactions for formaldehyde. Alkalies taken with or in combination with hexamethylenamin have no effect either in retarding or in hastening the excretion of formaldehyde. The duration of excretion of formaldehyde after a single dose of hexamethylenamin is from four to six hours, and therefore the remedy should be repeated at these intervals to secure the constant presence of formaldehyde in the urine. An increase of dosage does not affect the excretion of formaldehyde in negative urines. Patients not excreting formaldehyde do not have untoward symptoms, either bladder or renal, regardless of the amount of hexamethylenamin taken. The chief conclusion to be drawn from the observations as related is that the urine of all patients taking hexamethylenamin should be tested for formaldehyde, and if not present, the drug should be discontinued as useless.

Experimental Pneumococcic Meningitis and its Specific Treatment. —LAMAR (*Jour. Exper. Med.*, 1912, xvi, 581) found that virulent pneumococci injected into the cranial or spinal cavities of monkeys produce constantly a meningitis closely resembling pneumococcus meningitis in man, except that the experimental disease pursues a more rapid course to the invariable death of the untreated animal. An homologous immune pneumococcus serum injected into the spinal canal exerts a restraining influence upon the disease to the extent that when employed early it prevented, exceptionally, the occurrence of infection, and thus saved the life of the animal and when given later it at first retarded the disease, but subsequently exerted no beneficial action, and was powerless to save life. A mixture of sodium oleate, immunal serum, and boric acid exerted regularly a more powerful action than immunal serum alone, and not only prevented the occurrence of infection, but also, when administered repeatedly, arrested the progress of an actually established infection, and led, often, to the enduring and perfect recovery of the inoculated animal. It is proposed to employ a similar mixture in the direct treatment of pneumococcic meningitis, and possibly of still other accessible local pneumococcic infections in man, because an anti-pneumococcus serum is at best active only against the homologous organisms or organisms the types of which have been employed in its preparation. Under the best experimental conditions the extent of its efficiency is confined within a brief space of time; therefore, the outlook for its successful employment alone in spontaneous disease is not encouraging.

An Experimental Investigation of the Value of Hexamethylenamin and Allied Compounds.—BURNAM (*Arch. Int. Med.*, 1912, x, 324) believes that the efficacy of hexamethylenamin and allied compounds as a urinary antiseptic is probably dependent upon their decomposition and the liberation of free formaldehyde in the urine. He describes a simple test for formaldehyde that may be applied to various body fluids. The test is delicate, down to 1 to 150,000 or less, and the amount of formaldehyde may be roughly estimated qualitatively. Former tests have not differentiated between hexamethylenamin and free formaldehyde. Experiments related by Burnam showed that hexamethylenamin solutions had no bactericidal effects, but that solutions of formaldehyde up to 1 to 20,000 had distinct bactericidal properties. A solution of 1 to 5000 formaldehyde destroyed the typhoid bacillus and the streptococcus within twenty-four hours. The clinical results obtained have conformed in every way with the assumption that it is the free formaldehyde which is the effective agent, and that it must be present in fairly strong solution. In not a single case has there been observed the slightest improvement from giving hexamethylenamin when the urine showed hexamethylenamin, but not free formaldehyde. Burnam found that in some patients it